Name in Full: John Wrest Fisher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: La Plata — County: Charles

Date of death: 1904 — Month: Nov — Day: 28 — Age: Years: 70 — Months: 5 — Days: 3

Sex: Male — Color or Race: White — Birthplace: La Plata Md.

Occupation: Hotel proprietor — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Malcolm Fisher — Father's Birthplace: La Plata Md

Mother's Maiden Name: Jane Wrest-Fisher — Mother's Birthplace: La Plata Md

Name of person giving information: Abraham Fisher — How related to deceased: Brother

CAUSES OF DEATH

Primary: Rheumatism — How long: 5 Yrs

Immediate: Heart failure — How long: 10 Minutes

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. F. D. Chaplain

Address: La Plata Md.

Accident or Suicide? —

LIBRARY BUREAU A88218

Name in Full: Elexander Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Bryantown — County: Charles

Date of death: Month: Nov. — Day: 11 — 1904 — Years: Age 90 — Months: — — Days: —

Sex: Male — Color or Race: Black — Birthplace: Charles County

Occupation: Laborer — Where Residing if not at place of death: Near Bryantown

Married, Single or Widowed — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Not Known — Father's Birthplace: Chas. Co.

Mother's Maiden Name: Not Known — Mother's Birthplace: " "

Name of person giving information: Joseph Johnson, a son — How related to deceased: Son

CAUSES OF DEATH

Primary: Old age — How long:

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes — as given by Son

Signature of Physician: No physician attending

Address: [redacted]

Facts as given by son Joseph Johnson P. L. Dent Sub Reg.

Accident or Suicide? Natural Causes

LIBRARY BUREAU ASSOC'D

Name in Full: Louisa Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: near La Plata (Town) — Charles (County)

Date of death: 1904 — Month: Nov. — Day: 19 — Years: Age about 70 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Charles Co

Occupation: Carpenter — Where Residing if not at place of death: Charles Co

Married, Single or Widowed: Widower — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Aaron Jones — Father's Birthplace: Chas Co

Mother's Maiden Name: — Pierce — Mother's Birthplace: Chas Co

Name of person giving Imformation: George Jones — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Gangrene — How long: 2 months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. S Owen

Address: La Plata Md

Accident or Suicide? —

LIBRARY BUREAU AB5616

Name in Full: James Jordon

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Allen's Fresh — County: Charles

Date of death: Month: Nov — Day: 15 — 1904

Age: Years: 0 — Months: 0 — Days: 14

Sex: Male

Color or Race: Colored

Birthplace: Charles Co.

Occupation: 0 0

Where Residing if not at place of death: Bunker Hill Farm

Married, Single or Widowed

Name of Wife or Husband

Father's Name: Frank Jordon

Father's Birthplace: Charles Co.

Mother's Maiden Name: Emma Day

Mother's Birthplace: Charles Co.

Name of person giving Information: Mary Day

How related to deceased: Grand Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia

How long: 4 Days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Peter W. Roby J.P. acting Coroner

Address

Bel Allen M.D.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Mary Francis Key

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Nanjemoy; County: Charles

Date of death 1904: Month: Nov; Day: 30th; Age: Years: ; Months: 9; Days:

Sex: Female; Color or Race: B; Birthplace: Charles Co

Occupation:

Where Residing if not at place of death: Nanjemoy

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: William F Key; Father's Birthplace: Charles Co Md

Mother's Maiden Name: Sarah Butler; Mother's Birthplace: " "

Name of person giving Information: William F Key; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: accidental; How long:

Immediate: Burning; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Mayemullan Clements

Address: Dent Regt

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full: Mrs John W. G. Murray

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pomfret — County: Charles

Date of death: Month: Nov — Day: 9 — 1904

Age: Years: 31 — Months: — — Days: —

Sex:

Color or Race: White

Birthplace: Md

Occupation: Housewife

Where Residing if not at place of death: At home

Married, Single or Widowed: Married

Name of Wife or Husband: John W. G. Murray

Father's Name: R. Pearson

Father's Birthplace: Va

Mother's Maiden Name: Mrs R. Pearce

Mother's Birthplace: Md

Name of person giving Information: John W. G. Murray

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption

How long: 6 months

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. D. Munroe

Address: Waldorf Md

Accident or Suicide?

LIBRARY BUREAU

Name in Full: William Phenoret

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Penn Point; County: Mgr.

Date of death: 1904 Month: Nov. Day: 19

Age: Years: ____ Months: ____ Days: ____

Sex: Male

Color or Race: Colo.

Birthplace: Md

Occupation: Fisherman

Where Residing if not at place of death: ____

Married, Single or Widowed: Maddoud

Name of Wife or ~~Husband~~: Beckey Swann

Father's Name: ____

Father's Birthplace: ____

Mother's Maiden Name: Harrett Chapman

Mother's Birthplace: Md

Name of person giving Information: R H Barnes

How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: of natural causes

How long: 19

Immediate: ____

How long: ____

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? They are

Signature of Physician: none in attendance

Address: C O Carpenter mistake Pisgah Mill

Accident or Suicide? ____

LIBRARY BUREAU A88816

Name in Full: Bessie Ransom

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pomonkey — County: Chas

Date of death: Month: Nov — Day: 22 — 1904 — Age: Years: 15 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Chas Co Md

Occupation: Housework. — Where Residing if not at place of death: at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Buck Ransom — Father's Birthplace: Md

Mother's Maiden Name: Nelda Jinkens — Mother's Birthplace: Md

Name of person giving In formation: Jerdal Jinkens — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chills & Fever — How long: 12 days

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J.P. Marshall Sub Registr

Address

Accident or Suicide? No

LIBRARY BUREAU A88518

Name in Full: Bernice M. Slater

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pomonkey — County: Charles

Date of death: Month: Oct. — Day: 9th — Year: 1904 — Age: ~~XX~~ — Months: 7 — Days: 16

Sex: Female — Color or Race: Colored — Birthplace: Chas. Co

Occupation: None — Where Residing if not at place of death: At place of death

Married, Single or Widowed: Single — Name of Wife or Husband: ———

Father's Name: Jas. T. Slater — Father's Birthplace: Wash. D.C.

Mother's Maiden Name: Ann R. Griffin — Mother's Birthplace: Frederick Co.

Name of person giving information: Jas. T. Slater — [illegible] Related: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebro-Spinal Meningitis — How long: 17 days

Immediate: — How long: ———

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Mitchell M.D.

Address: Pomonkey Md.

Accident or Suicide? No

LIBRARY BUREAU A88316

Name in Full: Louella Small

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marshall Hall County: Chas

Date of death: Month: Nov Day: 3 Year: 1904 Age: 14 Years Months: 14 Days:

Sex: Girl Color or Race: Colored Birthplace: Marshall Hall

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Howard Small Father's Birthplace: Chas Co

Mother's Maiden Name: Beatrice Dines Mother's Birthplace: Maryland

Name of person giving information: Thomas Grayer How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cold How long: 1 month

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: P Marshall Sub Register

Address:

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: William Steward

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: La Plata; County: Charles

Date of death 1907: Month: Nov.; Day: 27; Age: Years: 13; Months: 3; Days:

Sex: Male; Color or Race: African; Birthplace: Charles Co

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Frederick Steward; Father's Birthplace: Chas. Co

Mother's Maiden Name: Eliza Thumpson; Mother's Birthplace: Chas. Co.

Name of person giving Imformation: Wm Henry Watts; How related to deceased: Step Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmon Tuberculosis; How long: 6 months

Immediate: Pulmon Hemrage; How long: 3 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E Spencer

Address: Bel Alr

Charles Co Md

Accident or Suicide? —

LIBRARY BUREAU A88016

Name in Full: John Veney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dowmans T | County: Charles

Date of death: 1904 | Month: Nov | Day: 14 | Age: Years: 3 | Months | Days

Sex: Male | Color or Race: Co | Birthplace: Washington D C

Occupation: " | Where Residing if not at place of death: Dowmans

Married, Single or Widowed | Name of Wife or Husband

Father's Name: John Veney | Father's Birthplace: St Paul Minn

Mother's Maiden Name: Adliad Pryor | Mother's Birthplace: Charles Co Md

Name of person giving Imformation: " | How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phresh | How long: one month

Immediate: | How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Maximillian Clements

Address: Port Regt

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary F. Wolmer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: La Plata — County: Charles

Date of death: Month: Nov — Day: 4 — Year: 1904 — Age: Years: 5-9 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Charles Co

Occupation: Infant — Where Residing if not at place of death: La Plata

Married, Single or Widowed: Married — Name of Wife or Husband: L. A. Wolmer

Father's Name: Wm. Fergusson — Father's Birthplace: Chas. Co

Mother's Maiden Name: Mary Miller — Mother's Birthplace: Chas. Co

Name of person giving Imformation: T. T. Owen — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Strangulated Umbilical Hernia — How long: 6 days

Immediate: Operation - heart failure — How long: Meh

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thos. S. Owen

Address: La Plata, Md

Accident or Suicide?

LIBRARY BUREAU A88316